

COMPETITIVE GRANTS APPLICATION '08 - ~~JAN.~~

EXIT WITHOUT SUBMITTING

1.

FOR FURTHER INFORMATION PLEASE CONTACT:

COMPETITIVE GRANTS OFFICE
(803) 734-3267

EMAIL ADDRESS: GRANTS@OED.SC.GOV

Application must be submitted online

* Name of Governmental Entity or Non-Profit Organization as it appears on the W-9 Form (not individual's name):

* Address (1):

Address (2):

* City:

* Zip Code:

* To be eligible, the entity must be either a local government or non-profit. Please indicate which is applicable:

☐ Local Government Entity☐ Non-Profit Entity

Non-Profits must indicate a federal tax non-profit status (e.g. 501(c)3, (c)4, etc.)

Federal Tax ID Number:

* Amount of Request:

* Please provide a brief "DESCRIPTIVE TITLE" by which your grant request may be referenced.

* Grant Category (You must select a category):

☐ Tourism☐ Economic Development☐ Health/Environmental

A minimum of one sponsor is required. You may have no more than two sponsors.

* My sponsor is (check at least one):

☐ The Governor☐ A Member of the House☐ A Member of the Senate

WITHIN 30 DAYS OF THE CLOSING DATE OF THIS ONLINE APPLICATION PERIOD, THE COMPETITIVE GRANTS OFFICE MUST RECEIVE A STATEMENT OF ENDORSEMENT SIGNED BY YOUR SPONSOR(S). THIS STATEMENT MUST REFERENCE THE "DESCRIPTIVE TITLE" USED IN THIS APPLICATION SUBMISSION. THE STATEMENT MAY BE FAXED TO:

(803) 734-0295

OR MAILED TO:

COMPETITIVE GRANTS COMMITTEE
P. O. BOX 12444
COLUMBIA, S.C. 29211

* Contact Person:

* Title:

* Contact Telephone Number:

Sample Form ONLY

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*** Please provide a brief description of the project (if this description is already available in electronic form, it may be "pasted" here from its original document).**

You may want to include your project's budget, indicating matching funds to be used, if any.

If you are seeking a grant for a festival, please indicate the 2 most recent consecutive years of operation.

Please limit the description to two type-written pages or less (approximately 2,000 characters). If further information is needed, you will be contacted.

*** Please provide an estimated completion date for the project, or the date of the event, whichever is applicable.**

MM DD YYYY
DATE: / /

*** Please enter the date of your submission:**

MM DD YYYY
Date: / /

IF YOU DESIRE A COPY OF THIS APPLICATION, YOU MAY PRINT THIS DOCUMENT BY CLICKING ON THE "PRINTER" ICON AT THE TOP OF THIS PAGE, OR BY ACCESSING THE PRINT FUNCTION UNDER THE "FILE" MENU HEADING PRIOR TO SUBMISSION. THE DOCUMENT WILL NO LONGER BE ACCESSIBLE TO YOU ONLINE ONCE SUBMITTED.

IF ANY ADDITIONAL INFORMATION IS NEEDED, YOU WILL BE CONTACTED.

THANK YOU FOR YOUR SUBMISSION.

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